

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. 3304.2.103

First Inventor Tai-Yan Kam

Title PISTON-TYPE PANEL-FORM LOUDSPEAKER

Express Mail Label No. EV343632745US

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: <small>Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</small>	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small>		8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small>	
3. <input checked="" type="checkbox"/> Specification <small>[Total Pages 14]</small> <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 		a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <small>[Total Sheets 10]</small>		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
5. Oath or Declaration <small>[Total Pages 2]</small> <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <small>(for a continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small> 		10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small>	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		11. <input type="checkbox"/> English Translation Document (if applicable)	
		12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
		13. <input type="checkbox"/> Preliminary Amendment	
		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small>	
		15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>	
		16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
		17. <input checked="" type="checkbox"/> Other: <u>Express Mail Certificate</u>	

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No: _____ /

Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number	21552	or <input type="checkbox"/> Correspondence address below		
Name	Evan R. Witt			
Address				
City		State		Zip Code
Country		Telephone		Fax
Name (Print/Type)	Evan R. Witt		Registration No. (Attorney/Agent) 32,512	
Signature			Date	12/5/2003

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 and selection option 2.

 U.S. P.T.O.
 22141
 10/728411

120503

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** **385.00***Complete if Known*

Application Number	
Filing Date	
First Named Inventor	Tai-Yan Kam
Examiner Name	
Group / Art Unit	
Attorney Docket No.	3304.2.103

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																																					
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number 13-0763 Deposit Account Name Madson & Metcalf				3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> </thead> <tbody> <tr><td>Fee Code</td><td>Fee (\$)</td></tr> <tr><td>1051</td><td>130</td></tr> <tr><td>1052</td><td>50</td></tr> <tr><td>1053</td><td>130</td></tr> <tr><td>1812</td><td>2,520</td></tr> <tr><td>1804</td><td>920*</td></tr> <tr><td>1805</td><td>1,840*</td></tr> <tr><td>1251</td><td>110</td></tr> <tr><td>1252</td><td>420</td></tr> <tr><td>1253</td><td>950</td></tr> <tr><td>1254</td><td>1,480</td></tr> <tr><td>1255</td><td>2,010</td></tr> <tr><td>1401</td><td>330</td></tr> <tr><td>1402</td><td>330</td></tr> <tr><td>1403</td><td>290</td></tr> <tr><td>1451</td><td>1,510</td></tr> <tr><td>1452</td><td>110</td></tr> <tr><td>1453</td><td>1,330</td></tr> <tr><td>1501</td><td>1,330</td></tr> <tr><td>1502</td><td>480</td></tr> <tr><td>1503</td><td>640</td></tr> <tr><td>1460</td><td>130</td></tr> <tr><td>1807</td><td>50</td></tr> <tr><td>1806</td><td>180</td></tr> <tr><td>8021</td><td>40</td></tr> <tr><td>1809</td><td>770</td></tr> <tr><td>1810</td><td>770</td></tr> <tr><td>1801</td><td>770</td></tr> <tr><td>1802</td><td>900</td></tr> <tr><td>Other fee (specify) _____</td><td></td></tr> <tr><td colspan="2">*Reduced by Basic Filing Fee Paid</td></tr> <tr><td colspan="2">SUBTOTAL (3) \$ 0.00</td></tr> </tbody> </table>				Large Entity	Small Entity	Fee Code	Fee (\$)	1051	130	1052	50	1053	130	1812	2,520	1804	920*	1805	1,840*	1251	110	1252	420	1253	950	1254	1,480	1255	2,010	1401	330	1402	330	1403	290	1451	1,510	1452	110	1453	1,330	1501	1,330	1502	480	1503	640	1460	130	1807	50	1806	180	8021	40	1809	770	1810	770	1801	770	1802	900	Other fee (specify) _____		*Reduced by Basic Filing Fee Paid		SUBTOTAL (3) \$ 0.00	
Large Entity	Small Entity																																																																								
Fee Code	Fee (\$)																																																																								
1051	130																																																																								
1052	50																																																																								
1053	130																																																																								
1812	2,520																																																																								
1804	920*																																																																								
1805	1,840*																																																																								
1251	110																																																																								
1252	420																																																																								
1253	950																																																																								
1254	1,480																																																																								
1255	2,010																																																																								
1401	330																																																																								
1402	330																																																																								
1403	290																																																																								
1451	1,510																																																																								
1452	110																																																																								
1453	1,330																																																																								
1501	1,330																																																																								
1502	480																																																																								
1503	640																																																																								
1460	130																																																																								
1807	50																																																																								
1806	180																																																																								
8021	40																																																																								
1809	770																																																																								
1810	770																																																																								
1801	770																																																																								
1802	900																																																																								
Other fee (specify) _____																																																																									
*Reduced by Basic Filing Fee Paid																																																																									
SUBTOTAL (3) \$ 0.00																																																																									
The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				1. BASIC FILING FEE <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> </thead> <tbody> <tr><td>Fee Code</td><td>Fee (\$)</td></tr> <tr><td>1001</td><td>770</td></tr> <tr><td>1002</td><td>340</td></tr> <tr><td>1003</td><td>530</td></tr> <tr><td>1004</td><td>770</td></tr> <tr><td>1005</td><td>160</td></tr> <tr><td colspan="2">SUBTOTAL (1)</td></tr> </tbody> </table>				Large Entity	Small Entity	Fee Code	Fee (\$)	1001	770	1002	340	1003	530	1004	770	1005	160	SUBTOTAL (1)																																																			
Large Entity	Small Entity																																																																								
Fee Code	Fee (\$)																																																																								
1001	770																																																																								
1002	340																																																																								
1003	530																																																																								
1004	770																																																																								
1005	160																																																																								
SUBTOTAL (1)																																																																									
2. EXTRA CLAIM FEES <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Independent Claims</th> <th>Multiple Dependent</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>17</td><td>3</td><td></td><td>0</td><td>X 9</td><td>= 0</td></tr> <tr><td>- 20 **</td><td>- 3 **</td><td></td><td>0</td><td>X 43</td><td>= 0</td></tr> <tr><td></td><td></td><td></td><td></td><td>X 145</td><td>= 0</td></tr> <tr><td colspan="2"></td><td colspan="4"></td></tr> <tr><td colspan="4"></td><td colspan="2">SUBTOTAL (2) \$ 0.00</td></tr> </tbody> </table>				Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid	17	3		0	X 9	= 0	- 20 **	- 3 **		0	X 43	= 0					X 145	= 0											SUBTOTAL (2) \$ 0.00		Fee Description <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>2001</td><td>385</td></tr> <tr><td>2002</td><td>170</td></tr> <tr><td>2003</td><td>265</td></tr> <tr><td>2004</td><td>385</td></tr> <tr><td>2005</td><td>80</td></tr> <tr><td colspan="2">SUBTOTAL (1)</td></tr> </tbody> </table>				Fee Code	Fee (\$)	2001	385	2002	170	2003	265	2004	385	2005	80	SUBTOTAL (1)																	
Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid																																																																				
17	3		0	X 9	= 0																																																																				
- 20 **	- 3 **		0	X 43	= 0																																																																				
				X 145	= 0																																																																				
				SUBTOTAL (2) \$ 0.00																																																																					
Fee Code	Fee (\$)																																																																								
2001	385																																																																								
2002	170																																																																								
2003	265																																																																								
2004	385																																																																								
2005	80																																																																								
SUBTOTAL (1)																																																																									
**or number previously paid, if greater; For Reissues, see above				Fee Description <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>2202</td><td>9</td></tr> <tr><td>2201</td><td>43</td></tr> <tr><td>2203</td><td>145</td></tr> <tr><td>2204</td><td>43</td></tr> <tr><td>2205</td><td>9</td></tr> <tr><td colspan="2">SUBTOTAL (2)</td></tr> </tbody> </table>				Fee Code	Fee (\$)	2202	9	2201	43	2203	145	2204	43	2205	9	SUBTOTAL (2)																																																					
Fee Code	Fee (\$)																																																																								
2202	9																																																																								
2201	43																																																																								
2203	145																																																																								
2204	43																																																																								
2205	9																																																																								
SUBTOTAL (2)																																																																									

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Evan R. Witt	Registration No. Attorney/Agent)	32,512
Signature		Telephone	801-537-1700
		Date	December 5, 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 and selection option 2.

PATENT APPLICATION
Docket No.: 3304.2.103

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

"Express Mail" Mailing Label No.: EV343632745US

Date of Deposit: December 5, 2003

I hereby certify that this patent application in the name of Tai-Yan Kam for PISTON-TYPE PANEL-FORM LOUDSPEAKER, together with drawings, a signature Declaration for Utility Patent Application, a Fee Calculation Sheet, Certified Copy of Priority Document, and a Credit Card Payment Form for the amount of \$385 being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above in an envelope addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Respectfully submitted,



Evan R. Witt
Reg. No. 32,512
Attorney for Applicant

Date: December 5, 2003

MADSON & METCALF
Gateway Tower West
15 West South Temple, Suite 900
Salt Lake City, Utah 84101
Telephone: 801/537-1700